



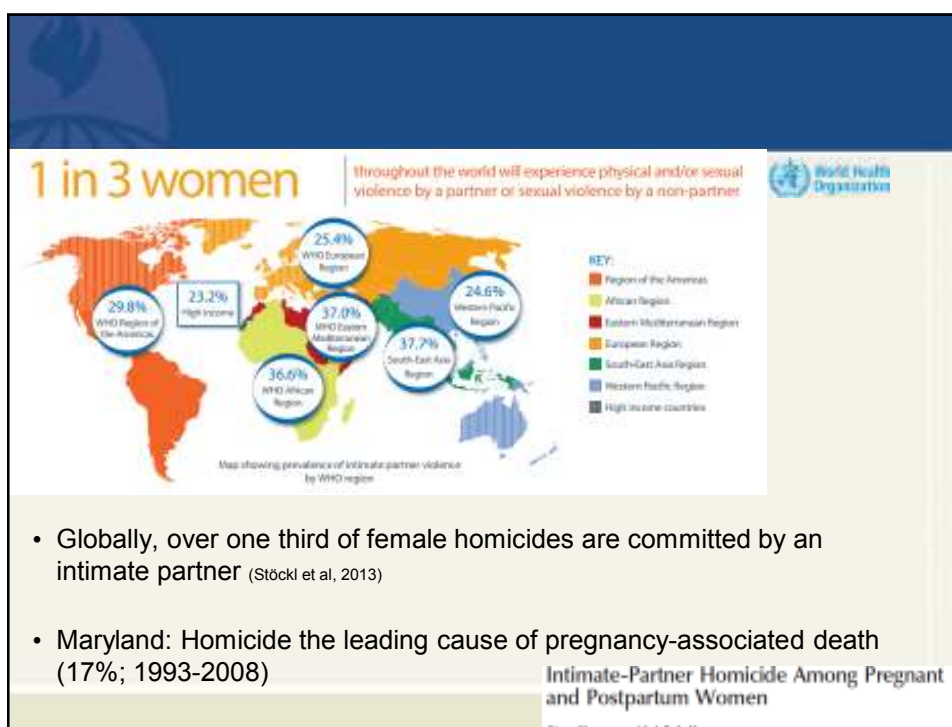
## Integrating partner violence and reproductive health in clinical settings

international guidance and lessons from field implementation

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## IPV among US Women, 2011

	Lifetime prevalence
Physical violence	32.9
Rape	9.4
Rape, physical violence and/or stalking	35.6
With IPV-related impact*	28.8

Source: NISVS, CDC 2011

\*Includes being fearful, concerned for safety, any PTSD symptoms, need for health care, injury, contacted a crisis hotline, need for housing service, need for victim's advocate service, need for legal services, missed at least one day of work or school



## IPV: Youth and Young Adults

**Figure 4.5**

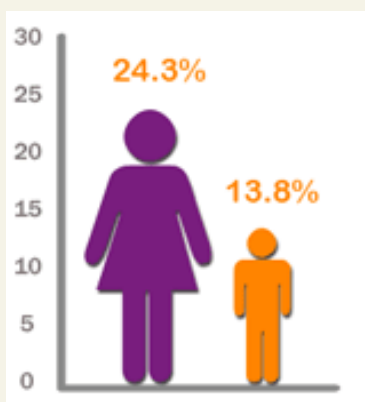
**Age at Time of First IPV<sup>1</sup> Experience Among Women Who Experienced Rape, Physical Violence, and/or Stalking by an Intimate Partner — NISVS 2010**



<sup>1</sup>IPV includes physical violence, all forms of sexual violence, stalking, psychological aggression, and control of reproductive or sexual health.



## Gender differences in IPV victimization



Among victims of intimate partner violence, about 1 in 4 women (24.3%) and 1 in 7 men (13.8%) have experienced **severe** physical violence by an intimate partner

(e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime.

Source: NISVS, CDC 2011

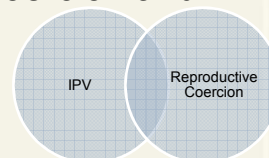


## Relevance to sexual/repro health

- The very women accessing reproductive care are at risk for violence and related poor health
  - Age
- IPV consistently associated with
  - Contraceptive nonuse or inconsistent use
  - Unintended pregnancy
  - Abortion

## IPV and Reproductive Health

- Violence and fear of abuse
  - limited ability to refuse sex in face of violence & coercion
  - control over condom negotiation
    - coerced and forced sex are often unprotected
- Abuse can extend to reproductive coercion and control
  - pregnancy promotion
  - birth control sabotage
  - coercion about how to handle an unintended pregnancy



## Perpetrator Condom Refusal Leading to Pregnancy

“He [used condoms] when we first started, and then he would fight with me over it, and he would just stop [using condoms] completely, and didn't care. He got me pregnant on purpose, and then he wanted me to get an abortion....”

(Miller, Silverman, Decker et al.

Qualitative interviews with adolescent perpetrators and victims of dating violence, Boston MA

## Male Partner Pregnancy Intention and Condom Manipulation

“Like the first couple of times, the condom seems to break every time. You know what I mean, and it was just kind of funny, like, the first 6 times the condom broke....

.....six condoms, that's kind of rare I could understand 1 but 6 times, and then after that when I got on the birth control, he was just like always saying, like you should have my baby, you should have my daughter, you should have my kid.”

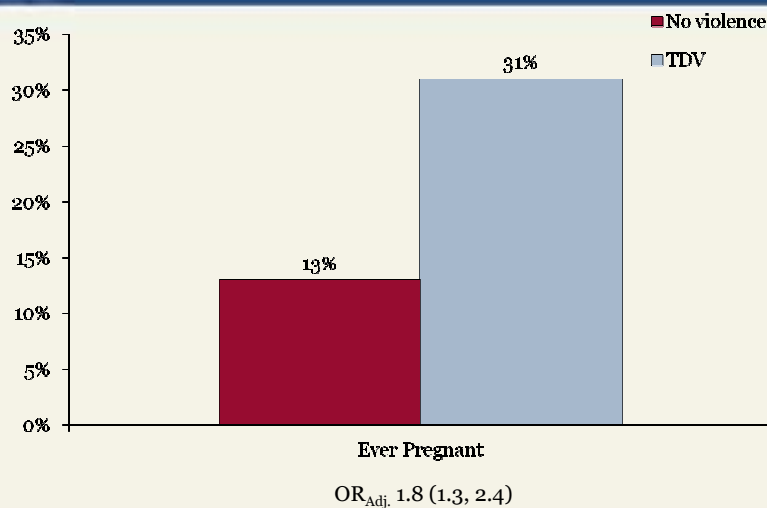
(Miller, Silverman, Decker et al.

Qualitative interviews with adolescent perpetrators and victims of dating violence, Boston MA

## Reproductive Coercion

- Qualitative data from abused adolescent and adult women are explicit about perceived pregnancy intentions of abusive male partners
- New national data (NISVS/CDC) indicate
  - 8.6% of women report reproductive coercion
  - 4.8% report partner tried to get them pregnant when they did not want to
  - 6.7% report partner refused to wear a condom

## Teen Dating Violence & Pregnancy: YRBS



(Silverman et al., 2004: *Pediatrics*.)

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C.C. Pollino et al. / International Journal of

**Table 3**

Association between lifetime physical or sexual partner violence and abortion and unintended pregnancy by study site.

Site	Unintended pregnancy among recently pregnant women, adjusted OR (95% CI)	Abortion among ever-pregnant women, adjusted OR (95% CI)
Bangladesh city	1.69* (1.19 - 2.39)	2.60* (1.84 - 3.69)
Bangladesh province	1.43 (1.0 - 2.04)	2.05 (0.91 - 4.64)
Brazil city	1.33 (0.78 - 2.28)	3.16* (1.95 - 5.11)
Brazil province	1.54* (1.02 - 2.31)	2.42* (1.34 - 4.38)
Ethiopia province	1.64* (1.27 - 2.12)	6.46* (1.54 - 27.11)
Japan city	1.76 (0.89 - 3.47)	2.62* (1.71 - 4.02)
Namibia city	1.78* (1.24 - 2.56)	2.94 (0.69 - 12.48)
Peru city	1.49 (.99 - 2.24)	4.16* (2.43 - 7.15)
Peru province	2.25* (1.66 - 3.05)	3.65* (1.93 - 6.91)
Samoa	1.35 (0.88 - 2.05)	1.47 (0.9 - 24.20)
Serbia and Montenegro city	N.A.	2.24* (1.00 - 3.14)
Thailand city	3.68* (2.26 - 5.98)	3.22* (1.91 - 5.45)
Thailand province	2.16* (1.28 - 3.66)	5.39* (2.53 - 11.48)
United Republic of Tanzania city	1.33 (0.96 - 1.85)	1.91* (1.24 - 2.94)
United Republic of Tanzania province	1.65* (1.21 - 2.26)	1.79* (1.05 - 3.03)
All sites	1.69* (1.53 - 1.86)	2.68* (2.34 - 3.06)

Models adjusted for age, education, SES, and parity. Pooled model also controls for site.

\* p ≤ .05.

## What can we do?

- Health sector response to IPV has long emphasized screening....

## Screening: a brief history

- United States Preventive Services Task Force (USPSTF)
  - 2004 found insufficient evidence on screening
  - 2013 recommended screening for IPV in the health sector
- Recommended in IOM Consensus Report 2011
  - Clinical Preventive Services for Women: Closing the Gaps
- Incorporated into ACA

Annals of Internal Medicine

CLINICAL GUIDELINE

Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults: A U.S. Preventive Services Task Force Recommendation Statement

Wiggins & Mayer, MD, MPH, on behalf of the U.S. Preventive Services Task Force\*



## What is the goal of screening?

- Traditional goal of screening
  - Identify, diagnose and treat, ultimately reduce health issues
- IPV Screening: A Paradigm Shift
  - Redefining successful clinical IPV screening
  - IPV screening: an opportunity to
    - Educate about abuse
    - Provide link to support services
    - Provide support regardless of disclosure

(Chang et al., 2003; 2005)



### **Impact of screening is predicated on**

- At minimum a non-blaming response
- Provision of support or resources
  - Connecting individuals with safety planning, support
  - Provide resources regardless of disclosure
- Asking the question without providing support or connection to care is not helpful!

### **Trauma-informed care**

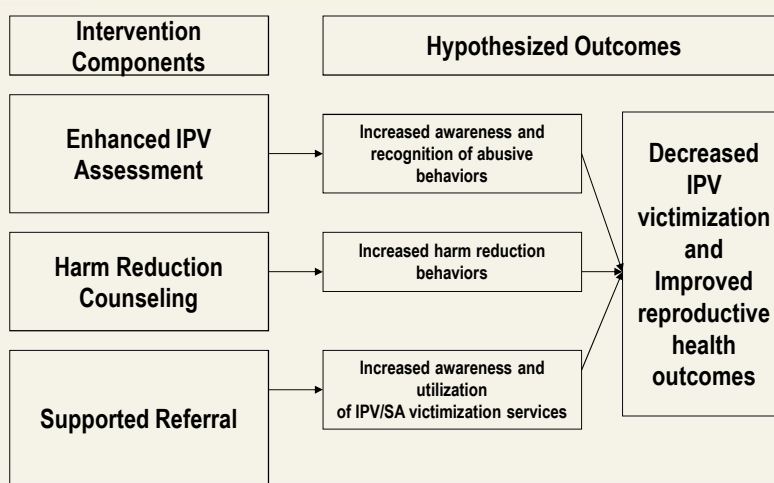
- **Realizes** the widespread impact of trauma and understands potential paths for healing;
- **Recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system;
- **Responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

Adapted from SAMSHA, 2012

## Project Connect model: Trauma-informed, universal IPV screening

- Integrated screening and a brief counseling intervention for IPV in family planning programs
  - Trauma-informed
  - Normalizes screening
  - Integrates discussion within context of care
- Semi-scripted screening and messages
- Reinforced by a safety card that provides links to care

## Project Connect: How is this different from standard practice?



## Intervention Results:

### First trial (Miller, Decker, Silverman et al.,)

- Among women in the intervention who experienced recent partner violence:
  - 71% reduction in odds for pregnancy coercion compared to control (0.29, CI 0.09-0.91)
- Women receiving the intervention were 60% more likely to end a relationship because it felt unhealthy or unsafe ( $p = 0.013$ )
- Larger trial with longer follow-up underway



## Project Connect:

### A Coordinated Public Health Initiative to Prevent Violence Against Women

- Supported by OWH, and funded through the Violence Against Women Reauthorization Act of 2005.
- Futures Without Violence, in collaboration with OWH, provides technical assistance and monitors the grantees
- Maryland 1 of 6 states to receive Phase 2 grant
- Integrates IPV assessment into all health care visits at Title X family planning programs
  - training providers on screening & connecting women to resources



## Team & Settings

- Partners
  - Maryland Department of Health & Mental Hygiene
  - Planned Parenthood Maryland
  - House of Ruth
  - Johns Hopkins (evaluation)
- 5 pilot family planning clinics
  - 3 Planned Parenthood, 2 local health depts.
- Incorporated reproductive health into one domestic violence program

## How we did it

- Based in State Public Health Department:
  - funding; pilot to state expansion; policy change possibilities; political climate
- Leadership Team: public health, reproductive health providers, DV advocates, academics
- Making the Case: Data, Research
- Pilot site incentives: funding
- Identifying Champions
- Train the Trainer for Champions/Key Staff at clinic sites
- Training for entire clinic staff **co-presented** by local DV program: Making connections

## Maryland Project Connect Evaluation

- Pre-post quasi-experimental design
  - Baseline recruitment with 12 week follow-up
- Standard Project Connect survey instruments
- Women (n=147) ages 18-35 attending one of two sites
  - Baltimore City Planned Parenthood
  - Towson Planned Parenthood

## IPV prevalence (lifetime)

	Total
Physical violence: hit, pushed, slapped choked or otherwise hurt	31.3 (46)
Sexual violence: force or threats to make you have sex	10.3 (15)
Sexual violence: made you have sex when you didn't want to without the use of force/ threats	18.9 (27)
Any lifetime IPV	39.6 (57)

## Implementation findings from exit survey

	Total
Did your provider...	
...discuss unhealthy relationships?	47.1 (65)
...discuss confidentiality?	59.1 (81)
...give the safety card?	48.9 (65)
Did you read the card?	<b>72.7 (48)</b>
Did it increase your knowledge about how to help someone being hurt by a partner?	<b>80.0 (52)</b>

## Participant attitudes about the clinic

	Total
Helpful for providers to talk about healthy and unhealthy relationships	83.2 (114)
I would bring a friend here	78.8 (108)
My provider cares about my safety	86.9 (119)
My provider would know what to do if I was in an unhealthy relationship	83.3 (115)
I feel safe coming here	94.2 (130)

% of participants that agree or strongly agree

## Evaluation Summary

- Intervention was well-received
  - 70% read the card, 80% learned about how to help someone in an abusive relationship
- Lifetime IPV history among ~1/3 of patients
- Patients
  - want be asked about healthy/unhealthy relationships
  - feel safe at the clinic, and
  - feel strongly that their providers care about their safety

## What we learned

- Champions: cultivate, build relationships
- Clinic protocol(s)
- Clarify staffing – who does what?
  - Not enough to say “everyone” does it
- Clinic workflow
- Connecting to local programs; cross-training
- Client feedback is important for staff

## Sustainability

- Continuous feedback is essential and can help staff stay engaged
- Helpful to address overcoming barriers to addressing partner violence

## Project Connect



*"Project Connect has changed me, changed my approach to public health. I see the connections and how violence left unaddressed undermines each new effort to promote health. Violence isn't a safety checkbox on an intake form. No longer do I wonder, 'Why isn't this working' when I'm considering program outcomes but, 'how can violence be effectively addressed.' Thank you for this mindset."*

*- Project Connect provider in Iowa*



## **Providers: overcoming barriers to asking about violence**

- Key barriers
  - Futility - feeling that the situation never changes
  - Feel that they know patients already
  - Wanting to “fix” the problem

## **Providers: overcoming barriers to asking about violence**

- Key barriers
  - Futility – feeling that the situation never changes
    - Women tell us that provider concern matters to them
    - They may not be ready for action but your support may help get them there
  - Feel that they know patients already
    - Women don’t always disclose right away
    - Things can change quickly
  - Wanting to “fix” the problem
    - Remember: your role isn’t to get her to leave – it’s to help her stay safe, provide support and connection to care

## Health care for women subjected to intimate partner violence or sexual violence

### A clinical handbook







**First-line support involves 5 simple tasks.** It responds to both emotional and practical needs at the same time. The letters in the word "LIVES" can remind you of these 5 tasks that protect women's lives:

<b>L</b> ISTEN	Listen to the woman closely, with empathy, and without judging.
<b>I</b> NQUIRE ABOUT NEEDS AND CONCERNS	Assess and respond to her various needs and concerns—emotional, physical, social and practical (e.g. childcare)
<b>V</b> ALIDATE	Show her that you understand and believe her. Assure her that she is not to blame.
<b>E</b> NHANCE SAFETY	Discuss a plan to protect herself from further harm if violence occurs again.
<b>S</b> UPPORT	Support her by helping her connect to information, services and social support.

### Are you in an UNHEALTHY relationship?

**Ask yourself:**

- ✓ Does my partner mess with my birth control?
- ✓ Does my partner refuse to use condoms when I ask?
- ✓ Does my partner make me have sex when I don't want to?
- ✓ Does my partner tell me who I can talk to or where I can go?

If you answered **YES** to **ANY** of these questions, your health and safety may be in danger.

## Did you know...

Controlling and violent relationships come in many forms including unwanted or mistimed pregnancies?

**Birth Date Finder**

Ask all pregnant women:

*"Was your partner trying to get you pregnant when you didn't want to be?"*  
*"Does your partner hurt you or make you afraid?"*

Family Violence Prevention Fund

**Be supportive:**

- "I'm so sorry that happened to you"
- "You didn't deserve that- no one deserves that"

**Talk to your patients about:**

- Pregnancy options—"Are you worried he will hurt you if you don't do what he wants with the pregnancy?"
- Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies

**Provide Referrals:**

All national hotline numbers for violence will connect patients to local resources and provide safety planning.

**Encourage your patients to call:**

National Domestic Violence Hotline  
1-800 798-7233 TTY 1-800 787-3224

Teen Domestic Violence Hotline  
1-866 331-9474

Sexual Assault Hotline  
1-800 656-4673

- Talk to your patients about:  
Pregnancy options—"Are you worried he will hurt you if you don't do what he wants with the pregnancy?"
- Hidden or invisible birth control options like Depo-Provera, IUD, Implanon and emergency contraception to prevent future unwanted pregnancies

Family Violence Prevention Fund  
www.endabuse.org

## Role of health care varies over time/stage

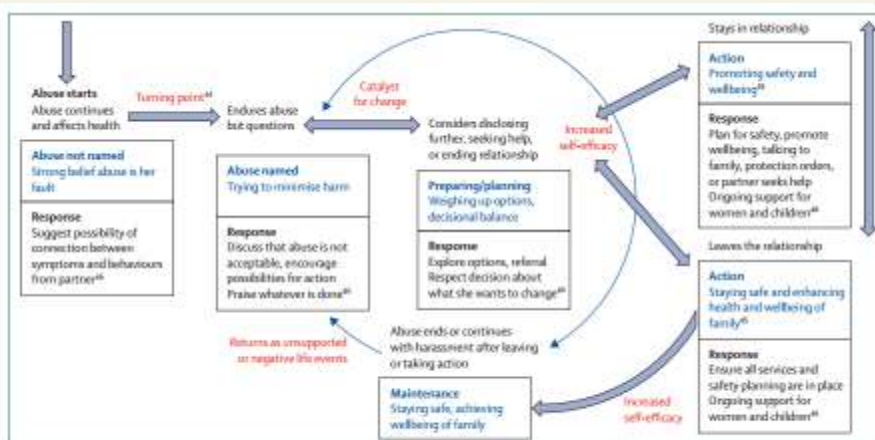


Figure 3: Women's (non-linear) trajectory to safety: health professional's response to women's readiness for action  
Women's pathway to safety is not linear and health professionals need to respond at different time points to where a woman is currently at, in terms of her readiness to take action.

(Garcia-Moreno et al., 2015)

## It takes a village!

### Hopkins

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## Thank you!

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